

STATE OF SOUTH CAROLINA

(Caption of Case)

Application for a Class C Charter Certificate from

CHARLESTON FUNTIME ~~LLC~~ INC

215302 (FORM 1)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-83-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: RW. SLAUGHTER

Telephone: 843-797-0041

Address: 6650 JET PACK

Fax: 843-688-4301

N. CHARLESTON SC 29401

Other: _____

Email: LEELIMOUSINE @ AOL . com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JTS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTERDATE 4 FEBRUARY, 2009APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) INC

CHARLESTON FUNTIME LLC.

2. (a) Street Address of Applicant 6650 JETT PARK

N. CHARLESTON, SC.

- (b) Mailing address, if different from street address

567 JESSICA LN.SUMMERVILLE SC

- (c) Telephone Number 843-797-0041

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

N/A

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: FEB Year: 2009

Assets:	
Cash	6000
Receivables	—
Real Estate	—
Buildings and Equipment-Net	—
Motor Vehicles-Net	840.000
Garage Equipment-Net	—
Machinery and Tools-Net	—
Supplies on Hand	—
Prepays and Other Assets	—
Total Assets	846.000
Liabilities and Equity:	
Accounts Payable	\$114 PER MONTH TELEPHONE
Notes Payable	—
Mortgages Payable	—
Equipment Obligations	—
Accrued Salaries and Wages	1280 PER WEEK MONTH
Other Accrued Obligations	1000 / MONTH INSURANCE
Other Liabilities	—
Total Liabilities	—
Capital Stock	—
Retained Earnings	—
Total Equity	—
Total Liabilities and Equity	2394

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, B.W. SLAUGHTER, MANAGER
(Name of Applicant's Representative) (Title)

of CHARLESTON FUNTIME LLC, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At _____

This the 17 day of February 2009

[Signature]
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

Commission Expires: 6-6-2015

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant CHARLESTON FUNTIME LLC, INC

For the transportation of passengers as follows:

Area to be served: CHARLESTON SCNumber of passengers: 12Fares: \$50/HR - \$85/HRDate 4 FEB 09B.W. [Signature]
ByMANAGER
Title

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

CHARLESTON RENTALS LLC

(Applicant)

Date: 4 FEB 09

BW [Signature]
(Applicant's Representative)

(Applicant's Representative)

mn n AGE,

(Title)

08/20/2008 11:28 AM
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Form E
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**
(Executed in Triplicate)

must add LLC name

Filed with SC OFFICE OF REGULATORY STAFF (hereinafter called Commission)
(Name of Commission)

This is to certify, that the National Casualty Company

(Name of Company)

(hereinafter called Company) of 8877 N. Gainey Center Drive Scottsdale AZ 85258

(Home Office Address of Company)

has issued to CHARLESTON FUN TIME

(Name of Motor Carrier)

of PO BOX 2101, GOOSE CREEK SC 29445

(Address of Motor Carrier)

a policy or policies of insurance effective from August 07, 2008 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 8877 N. Gainey Center Drive
(Street Address)

Scottsdale
(City)

AZ
(State)

85258
(Zip Code)

this 13 day of August 2008

Insurance Company File No. CAO0218434

(Policy Number)

Mary Ann Martin
(Authorized Company Representative)

EXHIBIT FWA

Name: CHARLESTON FUNTIME LLC.

Address: 567 JESSICA LN. SUMMERVILLE, SC, 29483

Telephone No. 843-797-0041 **Fax No.** 843-688-4301

U.S.D.O.T. No. _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ✓
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

B.W. [Signature]
(Applicant's Signature)

Sworn to before me

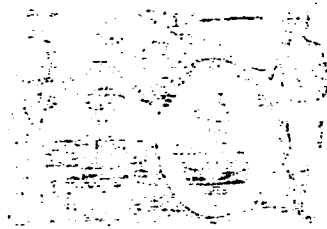
At _____

This 17 day of February, 2009

Gloria O. Allen
(Notary Public)

Commission Expires: 6-6-2015

The State of South Carolina



Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

CHARLESTON FUN TIME, INC.,

a corporation duly organized under the laws of the State of South Carolina on **June 7th, 2002**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of
the State of South Carolina this 10th day of
June, 2002.

I, Leyle S. Lewis, notary for
the state of SC hereby
certify this copy as an
original copy of Charleston Fun Time Inc.
Certificate of Existence, on this 12th of February, 2009.
my comm. exp. 3/12/2012

A handwritten signature of Jim Miles in black ink, written over a horizontal line.

Jim Miles, Secretary of State



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INITIAL ANNUAL REPORT OF CORPORATIONS

CL-1

(Rev. 8/95)
3134

File Number _____ ENDING PERIOD _____ SID number _____

NAME OF CORPORATION			Charleston Fun Time Inc.		
ADDRESS OF CORPORATION (NUMBER AND STREET)					
567 Jessica Ln. Summerville S. C. 29483					
CITY AND STATE		ZIP	COUNTY		
Summerville SC		29483	Berkley		
Date "Application for Charter" filed with Secretary of State JUN 9 7 2002 <small>For Secretary of State Use Only</small>					
Date of "Request for authority to do business in this state" (Foreign Corp.) _____					
IRS Employer Identification Number _____			Business Code _____ (Office Use Only)		
1. State of incorporation: SC					
2. Nature of principal business in South Carolina: _____					
3. Location of registered office of the corporation in the state of South Carolina is 567 Jessica Ln. in the city of Summerville. Registered agent at such address is Thomas D. Lee					
4. Location of principal office in South Carolina (street, city and county): 567 Jessica Ln. Summerville, Berkley					
5. Date business commenced in South Carolina: _____ Telephone # (843) 485-4559					
6. Indicate date corporation closes its books: December 31					
7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation? _____					
8. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:					
SSN	Name/Title		Business Address and Office		
	Thomas D. Lee/President		567 Jessica Ln. Summerville SC		
	Juanita Hayden/Vice President				
	Karen Cepeda/Secretary				
9. The total number of authorized shares of capital stock itemized by class and series, if any, within each class is as follows:					
Number of Shares		Class		Series	
10. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:					
Number of Shares		Class		Series	
11. _____ Corporation is not subject to taxes in South Carolina and has registered to comply with the provisions of SC Code Section 12-9-310; attach justification.					
1. Fee due with this report _____ ▶ 1. 25.00					
2. Interest due _____ ▶ 2. _____					
3. Penalty due _____ ▶ 3. _____					
4. Total - Fee, Interest and Penalty _____ ▶ 4. \$					
(Make remittance payable to SC Department of Revenue.)					

AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

THIS RETURN PREPARED BY

SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN

DATE

HERE
ATTACH REMIT

FILED**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM THE BOOKS KEPT WITH THE
ORIGINAL OFFICE IN THIS OFFICE

JUN 7 2002

JUN 07 2002

Jim Miles
5
SECRETARY OF STATE**ARTICLES OF INCORPORATION
FOR A
STATUTORY CLOSE CORPORATION***John H. Lee*
SECRETARY OF STATE OF SOUTH CAROLINA

1. The name of the proposed corporation is Charleston Fun Time, Inc.
2. This corporation is a statutory close corporation, pursuant to Chapter 18, Title 33 of the 1976 South Carolina Code, as amended.
3. The initial registered office of the cooperation is:

567 Jessica Lane
Summerville, Berkley County, South Carolina 29483

and the initial registered agent at such address is: Thomas D. Lee

4. The corporation is authorized to issue shares of stock as follows: Complete a or b, whichever is applicable:

- a. ☒ The corporation is authorized to issue a single class of shares, and the total number of shares authorized is 10,000.
- b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares

Authorized No. of Each Class

If shares are divided into two or more classes or if any class of shares is divided into series within a class, the relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows: N/A

5. The existence of the corporation shall begin as of the filing date with Secretary of State unless otherwise indicated (See§33-1-230(b)): N/A

6. Unless specified otherwise below, the transfer of shares of stock of the corporation shall be subject to the restrictions set out in §§33-18-110 through 33-18-130 of the 1976 South Carolina Code, as amended. Specify any variations in the statutory format in §§33-18-110 through 33-18-130: N/A.

7. Unless otherwise specified below the corporation shall have a board of directors (See §33-18-210 of the 1976)

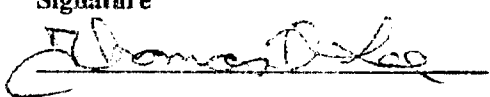
☒ This corporation elects not the have a board of directors.

8. Check, if applicable:

- ☐ This corporation elects to have the provisions of §§33-18-140 through 33-18-170 of the 1976 Code, which give the estate of a deceased shareholder the right to compel the corporation to purchase the deceased shareholder's shares, apply. Specify any variations in the statutory format in §§33-18-140 through 33-18-170: N/A

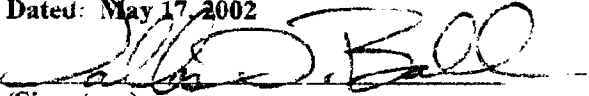
9. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (see §§33-2-102 and the applicable comments thereto; and §§33-18-330, 35-2-105, and 35-2-221 the 1976 South Carolina Code): N/A.

10. The name address and signature of each incorporator is as follows (only one is required):

Name	Address	Signature
Thomas D. Lee	567 Jessica Lane Summerville, SC 29483	

11. I, Dallas D. Ball, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

Dated: May 17, 2002


(Signature)

Post Office Box 419
(Address)

Dallas D. Ball
(Type or Print Name)

Ballentine, SC 29002
(City, State, Zip)

FILING INSTRUCTIONS

- Two copies of this form, the original and either a duplicate original or a conformed copy must be filed.
- If the space on this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
- The fee to be paid at the time of the filing of this form is \$135 which includes the following \$10.00 filing fee for the Articles of Incorporation; \$100 for the filing tax; \$25 for the minimum license fee. Attach one check in the amount of \$135.00 made payable to the Office of the Secretary of State to the Articles when filed.
- THIS FORM MUST BE ACCOMPANIED BY THE FIRST REPORT OF CORPORATIONS (see §12-19-02).

SPECIAL NOTE: ALL SHARE CERTIFICATES ISSUED BY A STATUTORY CLOSE CORPORATION MUST CONTAIN THE FOLLOWING CONSPICUOUS NOTICE:

THE RIGHTS OF SHAREHOLDERS IN A STATUTORY CLOSE CORPORATION MAY DIFFER MATERIALLY FROM THE RIGHTS OF SHAREHOLDERS IN OTHER CORPORATIONS. COPIES OF THE ARTICLES OF INCORPORATION AND BY-LAWS, SHAREHOLDERS' AGREEMENTS AND OTHER DOCUMENTS, ANY OF WHICH MAY RESTRICT TRANSFERS AND AFFECT VOTING RIGHTS, MAY BE OBTAINED BY A SHAREHOLDER ON WRITTEN REQUEST TO THE CORPORATION.

RETURN FORMS TO: Office of Secretary of State
Cooperation Division
P.O. Box 11350
Columbia, S.C. 29211